

# CALIFORNIA PLAN COMPLIANCE REVIEW

## Program Sponsor's Report on Applicants, Calendar Year \_\_\_\_\_

Note: This form is to be used at the option of the sponsor. The information requested on this form, or on the sponsor's own form, will satisfy the requirements of the California Plan for Equal Opportunity in Apprenticeship relating to the submission of information for the annual compliance review.

Program Sponsor \_\_\_\_\_ File No. \_\_\_\_\_ District No. \_\_\_\_\_

Address \_\_\_\_\_

1. Are written applications accepted? ☐ Continuously ☐ On specific dated
  - A. If specific dates, was a notice given to the public 45 days prior to the last closing date for accepting applications? ☐ Yes ☐ No
  - B. If continuously, was notice given each 6 months? ☐ Yes ☐ No (Attach copy of announcement)
2. Attach list of organizations, agencies, and their location, publications, etc., to which information about examinations, open periods for accepting applications, etc., was disseminated.
3. Is list or pool of eligible applicants maintained? ☐ Yes ☐ No (Attach copy of current List)  
If yes, date list established \_\_\_\_\_, date list expires \_\_\_\_\_, ☐ Not applicable
4. Check method by which eligible applicants obtain employment:
  - A. ☐ Dispatch in order from a ranked list of eligibles.
  - B. ☐ Random selection from pool of eligibles.
  - C. ☐ Qualified by Sponsor; then seeks own employment.
  - D. ☐ Other (describe method) \_\_\_\_\_

5. Applications received, Calendar Year \_\_\_\_\_

(a)	(b)		(c)		(d)		(e)		(f)		(g)		(h)	
ETHNIC GROUP	Written Applications received				Applicants Tested									
	Total		Number meeting minimum qualifications		Written and/or aptitude Test				Oral Interview				All Eligible applicants on List or in pool	
					Tested		Qualified		Tested		Qualified			
	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.	Male	Fem.
Black Not Hispanic														
Asian / P. Islander														
Indian / Alaskan														
Filipino														
Hispanic														
White Not Hispanic														
TOTAL														

6. Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date